LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

March 23, 2010

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	PUBLIC (*Cont.*)	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, *Co-Chair*	Robert Butler	Robert Boller	Scott Singer	Jane Nachazel
Kathy Watt, *Co-Chair*	Michael Green	Jim Chud	Jason Wise	Glenda Pinney
Douglas Frye	Anna Long	Miguel Fernandez		Craig Vincent-Jones
Bradley Land	Tonya Washington-Hendricks	Susan Forrest		
Ted Liso		Aaron Fox	**HIV EPI AND OAPP STAFF**	
Quentin O'Brien		Miki Jackson		
		Craig Thompson	Carlos Vega-Matos	
		Karen Tinsley	Juhua Wu	

CONTENTS OF COMMITTEE PACKET

1) **Agenda**: Priorities and Planning (P&P) Committee Meeting Agenda, *3/23/2010*
2) **Minutes**: Priorities and Planning (P&P) Committee Meeting Minutes, *2/23/2010*
3) **Minutes**: Priorities and Planning (P&P) Committee Meeting Minutes, *3/16/2010*
4) **Table**: Priorities and Planning Committee Meeting Locations, *1/28/2010*
5) **Program/Planning News**: FY 2011 Priority- and Allocation-Setting, Draft, *3/24/2010*
6) **PowerPoint**: HIV/AIDS Substance Abuse Services, *3/23/2010*
7) **PowerPoint**: Case Management, Home-Based Services, *3/23/2010*
8) **Table**: Nutrition Support Study and Needs Assessment, *updated 3/23/2010*

1. **CALL TO ORDER**: Mr. Goodman called the meeting to order at 1:50 pm.

2. **APPROVAL OF AGENDA**:
   MOTION #1: Approve the Agenda Order **(*Passed by Consensus*)**.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION #2: Approve the 2/23/2010 and 3/16/2010 Priorities and Planning (P&P) Committee Meeting minutes with Mr. Liso's amendment to Commission Comment that the newly contracted endodontic oral health services are available to all oral health clients **(*Passed by Consensus)***.

4. **PUBLIC COMMENT, NON-AGENDIZED**: There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED**: There were no comments.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP**: There were no comments.

7. **CO-CHAIRS' REPORT**: Mr. Goodman will be absent in April due to meetings of the new California Planning Group (CPG) and the HIV Research Academy Forum. All complimented Mr. Goodman and Mr. Singer, who have been named to the CPG.

8. **FY 2009/2010 EXPENDITURES**: There was no report.

9. **PRIORITY- AND ALLOCATION-SETTING**:
   A. **Program/Planning Brief**:
      - Mr. Vincent-Jones presented the draft. Attachment A, Priority- and Allocation-Setting Framework, was not yet inserted.
      - Ms. Wu said the Medical Care Coordination (MCC) transition and implementation plan may not be ready for 4/13/2010 P&P discussion as listed in the meeting roster, Attachment B. Mr. Vincent-Jones noted MCC needs to be discussed before priority-setting though information might be preliminary and/or amended/added to at a later date. People are encouraged to check topics the day before meetings. Mr. Vega-Matos added OAPP was meeting regularly with the consultant about implementation of medical care coordination.
      - In the brief, Mr. Goodman felt red-boxed definitions should be more detailed. Mr. Vincent-Jones said "definition" might not be accurate, since they were actually meant to highlight key points. They are meant to be a simplified guide through the process for those not wanting to read everything.
      - Mr. Singer suggested addressing the Single Allocation Model (SAM) in the highlights.
      - ➲ Mr. Goodman, Ms. Watt and Mr. Vincent-Jones agreed to review the document and suggestions in order to finalize the document by the next day. Any additional comments were arrested by end of day.

   B. **Public Forum**:
      - Mr. Goodman noted it was agreed at the 3/16/2010 meeting to revisit how best to educate and involve the community.
      - Mr. Chud noted significant consumer apathy, but felt health care reform success can show how progress is possible.
      - Mr. Vega-Matos said mobilization last year followed by cuts was demoralizing. He supported year-round education and mobilization to be effective. Mr. Land agreed and recommended a scaled-back effort this year using the brief, followed by meetings across SPAs to educate the community on the roll-out of MCC as the basis for next year's P-and-A process.
      - Ms. Watt suggested starting now with 15-20 minute presentations followed by questions on the brief in SPAs that have meetings. That provides continuity to educate the community that the process is on-going and would lead into next year.
      - Beyond the Consumer Caucus, Mr. Chud and Mr. Land said SPAs 1, 2, 3 and 4 have regular meetings as do some CABs.
      - Ms. Forrest said the HIV Alcohol and Drug Task Force is planning three trainings in the next four months. Two are in SPA 6. Trainings draw about 150 providers who differ depending on the topic. Short presentations would be welcome.
      - ➲ Mr. Goodman, Ms. Watt, Ms. Pinney and Mr. Vincent-Jones will develop a 15-20 minute presentation on the brief and coordinate dissemination with the Consumer Caucus.

10. **SERVICE CATEGORY PRESENTATIONS**:
   A. **Substance Abuse**:
      - Mr. Vega-Matos, Chief, Clinical Enhancement Services Division, OAPP, presented on HIV/AIDS Substance Abuse. The Commission separates services into Residential and Treatment, but OAPP further separates contracts into five categories: Detoxification (Detox); Residential Rehabilitation (RR); Transitional Housing (TH); Day Treatment (DT); and Crystal Meth Comprehensive Individualized Care (CIC), a special meth initiative of OAPP and the Board.
      - DT falls within the Commission's core medical services. The rest are considered residential, and classified as support services. HRSA distinguishes between outpatient and residential, making the definitions somewhat contradictory since residential services include a nurse to administer medications, create nutrition plans and coordinate care. The Commission's SA/Treatment includes the residential detox.
      - Current rates per bed/day were determined pursuant to the 2003-2004 Mercer study: RR-Low Intensity, $57.71, Medium, $81.52, High, $111.28; Detox, $236.83; DT, $43.76; TH, $40.02; CIC, $85.00.
      - Total investment is $3,088,417: RR, $1,711,713, 9 agencies, 49 beds/days for 17,812 24-hour service units (49/17,812); Detox, $541,867, 3, 6/2,288; CIC, $474,999, 3, 14/5,213; TH, $292,271, 3, 20/7,294; DT, $67,567, 3, 6/2,193.
      - OAPP pays up to 14 days of one detox episode, though other jurisdictions limit it from 3 - 7 days. Other funds may pay for additional days, e.g., most SA County services are through the County's Substance Abuse Prevention and Control (SAPC formerly ADPA) office, and some providers receive direct federal funds from Center for Substance Abuse Treatment (CSAT), SAMHSA.
      - OAPP identified challenges through monitoring and feedback. A key issue is a fairly uniform social treatment model and approach despite clients with differing acuity levels. Assessments and plans appear inadequate due to frequent extension requests with no treatment change. Few providers have interdisciplinary teams, e.g., SA and mental health counselors.
      - In addition, line counseling staff often lacks certification and training, including that required by the State. Ms. Watt said rate study staffing mandates are not economically feasible. Mr. Vega-Matos confirmed study rates had not changed.
      - There is also overlap of OAPP and SAPC services. There are on-going meetings with Dr. Jonathan Fielding, Director of Public Health, and SAPC leadership to improve coordination and assess client-centered, evidenced-based therapeutic approaches.

- Input will be solicited from the Commission, providers and consumers, as was done with residential services to improve the service before the next RFP. The RFP will also address compliance with staff certification requirements and utilize the American Society Addiction Medicine Placement Criteria for the Treatment of Substance Related Disorders.
- Mr. Vega-Matos felt rates not comparable now, but recommended flat funding until study completion. Ms. Watt agreed. She indicated that there are 68 rates among agencies and between OAPP and SAPC for the same services, but SAPC monitors often question her use of progress notes and interdisciplinary treatment instituted with CIC. She felt recidivism would decrease 50% to 70% if 40% of County beds were managed by CIC standards. She suggested flat funding until such reforms.
- Mr. Vega-Matos said there should be varied intensities of outpatient, day treatment and residential care. Now treatment functions as outpatient, but does not reflect low and high intensity. Day treatment is 5 hours per day, but only for three rather than five days a week. Residential now rarely uses individual low, medium and high intensity plans that address co-morbidities and related issues such as schizophrenia, chronic homelessness and those who are monolingual Spanish.
- Maintaining OAPP's status quo would require $2-3 million more. CIC is funded through NCC. Part A provides some funds with other funds from the HIV-focused CSAT. Ms. Watt reported that general SA providers discourage discussion of HIV.
- Dr. Fielding has supported revised strategies for years and new SAPC leadership does as well. OAPP will be able to move more quickly because it is smaller. It is hoped OAPP will be able to release its RFP in 12-18 months. SAPC is revamping its services for the first time in 30 years beginning with a prevention RFP to be followed by care/treatment.
- Meanwhile, OAPP is tightening monitoring with six-month rather than annual reviews. All OAPP categories are moving toward Performance-Based Contract Monitoring (PBCM), which focuses on outcomes rather than units of service.
- ➲ Refer review of SA standards to the Standards of Care Committee to align Commission and HRSA SA services.

B. **Case Management, Home-Based**:

- Mr. Vega-Matos presented the service, which supports homebound PWH who have difficulty with activities of daily living. The service is directed by a licensed nurse and clinical social worker who assess the client in the home and develop a service plan. They also help clients access needed health care and supportive services, assist providers coordinate care, support adherence and transition to self-care, if appropriate.
- There were 8 providers prior to 7/1/2010. Of these, 2 received direct State funding and 6 received OAPP funding with additional State funding. AHF and Charles Drew – Spectrum were cut after 7/1/2010, leaving APLA, AIDS Service Center, AltaMed, Minority AIDS Project, St. Mary's Medical Center and Tarzana Treatment Center.
- Medi-Cal Waiver funded $5,199,264 prior to 7/1/2010 and is expected to remain stable. OAPP supplemented services with $2,105,367 for more attendant care, non-covered services or services for those ineligible, such as the undocumented. The State funded $3,067,885 prior to 7/1/2010, but then cut all funds without prior provider notification. OAPP then added $1 million to soften the cuts and plans to continue supplementing though possibly at a lower rate due to fewer providers.
- Combined funds served 1,255 clients through 6/30/2010 with some 25% undocumented. Service hours were: 84,315, attendant care; 106,982, homemaker; and 4,095, "other" such as nutritionist/psychotherapist home visits or durable equipment. Goals for 7/1/2010 - 6/30/2010 are: 21,628 hours, 121 clients, attendant care; 39,574 hours, 223 clients, homemaker; and 1,129 hours, 38 clients, psychotherapy. Some providers also have line items for durable medical equipment.
- OAPP and many providers use Casewatch to ensure a client does not already have a case manager. OAPP did chart reviews and home visits last year to ensure client eligibility. The few ineligible were removed from the service. Tracking continues.
- Another issue is the aging population with its concurrent co-morbidities, which require more services. State funds offered flexibility for services like psychotherapy. OAPP is reviewing how to best use other resources for such services.
- OAPP is also reviewing the ratio of increased attendant care and decreased homemaker services over the last two or three years. It is not yet known whether that is due to poor service planning or a change in needs.
- Mr. Singer noted providers can maximize reduced funding by buying more subcontracted homemaker services at $11.56 per hour than attendant care at $17.50 per hour, while using provider staff for follow-up and other services. The general shortage of healthcare workers also makes it easier to hire homemaker staff because less training is required.
- OAPP held three or four provider meetings last year to begin refining service delivery. Current contracts will be extended through 6/30/2011 and then will be rebid. Review will include service coordination with MCC.

11. N**UTRITION SUPPORT STUDY**: Mr. Vincent-Jones provided the framework for the study, completion of which had been postponed the prior month.

12. P**ROCUREMENT/SOLICITATION PROCESS REFORM**: This item was postponed.

13. **ADVERSITY SECTORS**: This item was postponed.

14. **GEOGRAPHIC ESTIMATE OF NEED FORMULA**: This item was postponed.

15. **HOSPICE SERVICES NEEDS ASSESSMENT**: This item was postponed.

16. **MONITORING GOALS/OBJECTIVES**: This item was postponed.

17. **COMMITTEE WORK PLAN**: This item was postponed.

18. **OTHER STREAMS OF FUNDING**: This item was postponed.

19. **STANDING SUBCOMMITTEES**: This item was postponed.

20. **NEXT STEPS**: There was no additional discussion.

21. **ANNOUNCEMENTS**:
    - An Ad Hoc Committee under the aegis of the Joint Public Policy Committee is developing a letter with Public Health in response to a Legislative Analyst Office (LAO) report, which warned about costs to the State due to surveillance issues.
    - The letter supports LAO concerns versus the Office of AIDS, which dismissed them. The letter will be forwarded to the Board, but will not be a five-signature letter due to the need for a prompt response. It will also be forwarded to the LAO.

22. **ADJOURNMENT**: The meeting was adjourned at 4:25 pm. The next meeting will be 4/13/2010.